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STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

\_\_\_\_\_, ss.

Location \_\_\_\_\_

Docket No. \_\_\_\_\_

Docket No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

CHILD SUPPORT AFFIDAVIT

\_\_\_\_\_  
Defendant

Name _____ (Parent filling out this Affidavit)	Social Security No. _____ Date of Birth _____
Address _____ (street) (town or city) (state) (zip)	

Name and address of present employer:
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**1. GROSS INCOME FROM WAGES, SALARY, AND SELF-EMPLOYMENT**

*Attach copies of most recent W-2 form and pay stub.*

A. How much did you earn **last year**? \$ \_\_\_\_\_

B. How much do you expect to earn **this year**? (1B) \$ \_\_\_\_\_

**2. OTHER GROSS INCOME**

*Do NOT include TANF, SSI, general assistance or food stamps.*

	<i>Expected this year</i>
Unemployment benefits	\$ _____
Workers' compensation	\$ _____
Social Security	\$ _____
Disability	\$ _____
Pension or annuity	\$ _____
Alimony	\$ _____
Rental or mortgage income	\$ _____
Bonuses	\$ _____
Interest/Dividends	\$ _____
Commissions/Tips	\$ _____
Capital gains	\$ _____
Other _____	\$ _____

**Total :** (2) \$ \_\_\_\_\_

**3. EMPLOYMENT FRINGE BENEFITS**

*Total value of employment benefits you expect to receive this year that reduce your living expenses (car, housing, insurance, meals, etc.)* (3) \$ \_\_\_\_\_

**4. TOTAL GROSS INCOME EXPECTED THIS YEAR**

*(Add 1B, 2, and 3)*

(4) \$ \_\_\_\_\_

*Put here and on line 3 of Child Support Worksheet*

**5. YEARLY SUPPORT YOU PAY FOR OTHER CHILDREN**

*Child support you pay for children who are not involved in this case.*

Name of child	To whom paid	Amount
_____	_____	_____
_____	_____	_____

(5) \$ \_\_\_\_\_

*Put total here and on line 4b  
of Child Support Worksheet*

**6. WEEKLY HEALTH INSURANCE COST**

A. *Cost of health insurance for yourself only.* \$ \_\_\_\_\_

B. *Additional cost you pay for health insurance for the children  
in this case.*

(6B) \$ \_\_\_\_\_

*Put this amount on line 9  
of Child Support Worksheet*

**7. WEEKLY CHILD CARE COSTS**

*Child care costs you pay so you can work or train to work.*

(7) \$ \_\_\_\_\_

*Put this amount on line 10  
of Child Support Worksheet*

**8. WEEKLY EXTRAORDINARY MEDICAL EXPENSES**

*Amount you actually pay for each child's permanent or recurring illness.*

Name of child	Reason for expense	Amount
_____	_____	_____
_____	_____	_____

(8) \$ \_\_\_\_\_

*Put total here and on line 11  
of Child Support Worksheet*

**9. OTHER CHILDREN IN YOUR HOME**

*Other children living in your home who are not involved in this case and whom you are legally  
obligated to support.*

Name of child	Date of birth	Relationship to you	Name of child	Date of birth	Relationship to you
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**10. OTHER FACTS**

*Other facts you think the Judge should know that may affect the amount of child support ordered.*

\_\_\_\_\_  
\_\_\_\_\_

**11. ASSETS AND DEBTS**

***Current value of your assets:***

Real estate \$ \_\_\_\_\_ Vehicles (including recreational vehicles) \$ \_\_\_\_\_

Cash/Bank accts/CDs \$ \_\_\_\_\_ Stocks/bonds \$ \_\_\_\_\_

Retirement Plans/IRAs/401(k)s/pensions/annuities \$ \_\_\_\_\_

Other (such as a business interest or life insurance) \$ \_\_\_\_\_

***Current balance of your debts:***

Mortgages \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

On my oath, and to the best of my knowledge and belief, this affidavit is complete and includes all of my income, assets, and debts.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Personally appeared \_\_\_\_\_ who made oath to the foregoing  
affidavit, before me:

Date: \_\_\_\_\_

\_\_\_\_\_  
(Attorney) (Notary Public) (Deputy Clerk)